

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
1126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01124

Reg. Dist. No.

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Queen Anne's</u> MARYLAND  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>                            |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>rural Centreville</u>   |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>X rural Centreville</u>   |   |
| c. LENGTH OF STAY IN lb<br><u>17 days</u>  |                                  |  |   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)<br><u>Conquest Farm</u>   |                                  | d. STREET ADDRESS<br><u>Conquest Farm</u>  |   |
| e. IS RESIDENCE ON A FARM?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                                  |  |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Sandra</u> <u>Jean</u> <u>Calloway</u>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>Jan. 26</u> <u>16</u> <u>60</u>   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                | 8. DATE OF BIRTH<br><u>Jan. 6, 1960</u> |
| 9. AGE (In years last birthday)<br>yrs. <u>20</u>  |                                  | IF UNDER 1 YEAR<br>Months <u>20</u> Days <u>20</u> Hours <u>20</u> Min. <u>20</u>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>none</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>   |   |
| 11. BIRTHPLACE (State or foreign country)<br><u>Maryland</u>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |   |
| 13. FATHER'S NAME<br><u>Paul Allen Calloway</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Alice Wooleyhan</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   |
| 17. INFORMANT<br><u>Paul Calloway</u>  |                                  | Address<br><u>Centreville, Md.</u>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Deferred pending autopsy result</u><br>754.6 DUE TO (b) <u>Heart failure rt sided</u><br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) <u>Coarctation for 10 cm Aorta</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 min</u><br><u>1 hour</u><br><u>4 weeks</u> |                                  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>19. WAS AUTOPSY PERFORMED?</u><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                                  |  |   |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Month, Day, Year<br>Hour o. m. p. m.<br><u>19</u>   |                                  | 20d. INJURY OCCURRED<br>While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   |                                  | 20f. (City or town) (County) (State)   |   |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input checked="" type="checkbox"/>       |                                  |  |   |
| ACTUAL SIGNATURE<br><u>C. R. Layton</u>  |                                  | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER <input type="checkbox"/><br>DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> |   |
| EXAMINER'S NAME (Type)<br><u>C. R. Layton, M.D.</u>  |                                  | DATE SIGNED<br><u>Jan. 27, 1960</u>  |   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                  | 22b. DATE THEREOF<br><u>JAN. 28</u>  |   |
| 22c. NAME OF CEMETERY OR CREMATORY<br><u>SUDLERSVILLE</u>  |                                  | 22d. LOCATION (City, town, or county) (State)<br><u>SUDLERSVILLE MD.</u>   |   |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><u>Edgar L. Lane</u>   |                                  | 24a. REC'D BY REGISTRAR<br><u>Jan 29 '60</u>   |   |
| ADDRESS<br><u>Church Hill, Md.</u>   |                                  | 24b. REGISTRAR'S SIGNATURE<br><u>Arthur S. Hines</u>   |   |

VS. A15ME  
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Noos

Carthage

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 1128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01125

Reg. Dist. No.

|   |  |                                  |  |   |  |   |  |  |  |   |  |   |  |  |  |
|---|--|----------------------------------|--|---|--|---|--|--|--|---|--|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Queen Anne's</u> <b>MARYLAND</b><br>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Stevensville</u><br>c. LENGTH OF STAY IN 1b <u>3yr.</u><br>d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) _____  |  |                                  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Md.</u> b. COUNTY <u>Q. A.</u><br>c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Stevensville - Rural</u><br>d. STREET ADDRESS _____<br>e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |   |  |  |  |   |  |   |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) <u>William JAMES Coleman</u><br>First Middle Last  |  |                                  |  | <b>4. DATE OF DEATH</b> <u>Jan. 28</u> 19 <u>60</u><br>Month Day Year   |  |   |  |  |  |   |  |   |  |  |  |
| <b>5. SEX</b> <u>Male</u>   |  | <b>6. COLOR OR RACE</b> <u>C</u> |  | <b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>   |  | <b>8. DATE OF BIRTH</b> <u>APRIL 23 - 1897</u>                                      |  | <b>9. AGE</b> (In years last birthday) <u>62</u> yrs.                            |  | <b>IF UNDER 1 YEAR</b><br>Months Days Hours Min.                                    |  | <b>IF UNDER 24 HRS.</b><br>Hours Min.             |  |  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>   |  |                                  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>   |  |   |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Virginia</u>                 |  |   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u> |  |  |  |
| <b>13. FATHER'S NAME</b> <u>Unknown</u>   |  |                                  |  |   |  | <b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>                                      |  |  |  |   |  |   |  |  |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>  |  |                                  |  | <b>16. SOCIAL SECURITY NO.</b> _____  |  |   |  | <b>17. INFORMANT</b> <u>Phillip Davidson</u> Address <u>Stevensville, Md.</u>    |  |   |  |   |  |  |  |
| <b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br><u>420.1</u> DUE TO<br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (b) _____<br>DUE TO (c) _____   |  |                                  |  |   |  |   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH _____            |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____   |  |                                  |  |   |  |   |  |  |  |   |  |   |  |  |  |
| <b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input type="checkbox"/> <b>CAUSE OF DEATH.</b>  |  |                                  |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) _____   |  |   |  |  |  |   |  |   |  |  |  |
| <b>20c. TIME OF INJURY</b> Month, Day, Year<br>Hour o. m. p. m. <u>19</u>   |  |                                  |  | <b>20d. INJURY OCCURRED</b><br>While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>  |  | <b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) _____ |  | <b>20f. (City or town)</b> _____ (County) _____ (State) _____                    |  |   |  |   |  |  |  |
| <b>21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from:</b> Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> |  |                                  |  |   |  |   |  |  |  |   |  |   |  |  |  |
| <b>ACTUAL SIGNATURE</b> <u>Irvin G. Hoyt</u> M.D.   |  |                                  |  | <b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>  |  |   |  | <b>DATE SIGNED</b> <u>1/28/60</u>  |  |   |  |   |  |  |  |
| <b>EXAMINER'S NAME (Type)</b> <u>Irvin G. Hoyt MD</u>   |  |                                  |  | <b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>  |  |   |  | <b>DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/> <u>(Asst)</u> |  |   |  |   |  |  |  |
| <b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>  |  |                                  |  | <b>22b. DATE THEREOF</b> <u>Jan 30 - 60</u>   |  | <b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Church Hill</u>                        |  |  |  | <b>22d. LOCATION</b> (City, town, or county) (State)<br><u>Church Hill Rural Md</u> |  |   |  |  |  |
| <b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edgar L. Lane</u> <b>ADDRESS</b> <u>Funeral Director</u>   |  |                                  |  |   |  | <b>24a. REC'D BY REGISTRAR</b> <u>FEB 2 '60</u>                                     |  | <b>24b. REGISTRAR'S SIGNATURE</b> <u>Arthur S. Kline</u>                         |  |   |  |   |  |  |  |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| 1. NAME OF DECEASED<br><i>John Doe</i>             |  | 2. SEX<br><i>Male</i>                              |  | 3. AGE<br><i>45</i>                                |  | 4. RACE<br><i>White</i>                             |  |
| 5. DATE OF DEATH<br><i>10/25/1968</i>              |  | 6. TIME OF DEATH<br><i>10:00 AM</i>                |  | 7. PLACE OF DEATH<br><i>Home</i>                   |  | 8. COUNTY<br><i>Baltimore</i>                       |  |
| 9. CITY OF DEATH<br><i>Baltimore</i>               |  | 10. STREET ADDRESS<br><i>123 Main St</i>           |  | 11. CITY OF DEATH<br><i>Baltimore</i>              |  | 12. STATE<br><i>Md</i>                              |  |
| 13. ZIP CODE<br><i>21201</i>                       |  | 14. DECEASED'S RESIDENCE<br><i>Home</i>            |  | 15. DECEASED'S OCCUPATION<br><i>Teacher</i>        |  | 16. DECEASED'S MARITAL STATUS<br><i>Married</i>     |  |
| 17. DECEASED'S BIRTH DATE<br><i>10/25/1923</i>     |  | 18. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 19. DECEASED'S BIRTH TIME<br><i>10:00 AM</i>       |  | 20. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 21. DECEASED'S BIRTH TIME<br><i>10:00 AM</i>       |  | 22. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 23. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 24. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 25. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 26. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 27. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 28. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 29. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 30. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 31. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 32. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 33. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 34. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 35. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 36. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 37. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 38. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 39. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 40. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 41. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 42. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 43. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 44. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 45. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 46. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 47. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 48. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 49. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 50. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 51. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 52. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 53. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 54. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 55. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 56. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 57. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 58. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 59. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 60. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 61. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 62. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 63. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 64. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 65. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 66. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 67. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 68. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 69. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 70. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 71. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 72. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 73. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 74. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 75. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 76. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 77. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 78. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 79. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 80. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 81. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 82. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 83. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 84. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 85. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 86. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 87. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 88. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 89. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 90. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 91. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 92. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 93. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 94. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 95. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 96. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i>  |  |
| 97. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 98. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 99. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  | 100. DECEASED'S BIRTH PLACE<br><i>Baltimore, Md</i> |  |

15-1000 (Rev. 1-68)

THIS CERTIFICATE IS TO BE FILLED OUT BY THE MEDICAL EXAMINER WHO HAS EXAMINED THE BODY OF THE DECEASED PERSON. IT IS TO BE FILED IN THE OFFICE OF THE MEDICAL EXAMINER, BALTIMORE, MARYLAND. IT IS TO BE RETURNED TO THE OFFICE OF THE MEDICAL EXAMINER, BALTIMORE, MARYLAND, WITHIN 10 DAYS OF THE DATE OF DEATH. IT IS TO BE RETURNED TO THE OFFICE OF THE MEDICAL EXAMINER, BALTIMORE, MARYLAND, WITHIN 10 DAYS OF THE DATE OF DEATH. IT IS TO BE RETURNED TO THE OFFICE OF THE MEDICAL EXAMINER, BALTIMORE, MARYLAND, WITHIN 10 DAYS OF THE DATE OF DEATH.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 1127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01126

Reg. Dist. No.

|  |  |  |  |  |  |   |   |
|--|--|--|--|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Queen Anne's MARYLAND</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <u>Po</u> b. COUNTY <u>Unknown</u>                     |  |   |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>Chester Md</u>  |  | c. LENGTH OF STAY IN 1b<br><u>4 days</u>   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>Dooby. Po 75x-3</u>   |  |   |   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)<br><u>None</u>  |  |  |  | d. STREET ADDRESS<br><u>Buttonwood Hotel</u>   |  | e. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Morris</u> Middle <u>Chester</u> Last <u>Jones</u>   |  |  |  | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>20</u> Year <u>1960</u>  |  |   |   |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>white</u>   |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Feb 23, 1904</u>   |   |
| 9. AGE (In years last birthday)<br><u>53 yrs.</u>  |  | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>   |  | IF UNDER 24 HRS.<br>Hours <u>  </u> Min. <u>  </u>   |  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Foster</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Westinghouse</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Salisbury Md</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |
| 13. FATHER'S NAME<br><u>Wilmer Chester Jones</u>   |  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Minnie Morris</u>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><u>NO</u>  |  | 16. SOCIAL SECURITY NO.<br><u>  </u>   |  | 17. INFORMANT<br><u>Morris Jones Jr - Chester Md</u>   |  | Address<br><u>  </u>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Gun Shot Wound Penetrating Head</u><br>DUE TO (b) <u>Deep Depression</u><br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>4 days</u>   |  |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>None</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  |  |  |  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>410 Gun Shot Wound Self inflicted</u> |  |  |  |   |   |
| 20c. TIME OF INJURY<br>Hour <u>10</u> a. m. <u>1-20-1960</u>   |  | 20d. INJURY OCCURRED<br>While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>                     |  | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)<br><u>Sons home</u>   |  | 20f. (City or town) (County) (State)<br><u>Chester CA Md</u>                                      |   |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> . |  |  |  |  |  |   |   |
| ACTUAL SIGNATURE <u>C. R. Layton</u>   |  |  |  | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>   |  | DATE SIGNED<br><u>1-20-60</u>   |   |
| EXAMINER'S NAME (Type) <u>C. R. Layton</u>   |  |  |  | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>  |  | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>                                       |   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 22b. DATE THEREOF<br><u>JAN. 22</u>  |  | 22c. NAME OF CEMETERY OR CREMATORY<br><u>MEMORIAL PARK</u>   |  | 22d. LOCATION (City, town, or county) (State)<br><u>SALISBURY MD.</u>                             |   |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><u>Edgar L. Lane</u>   |  |  |  | ADDRESS<br><u>Church Hill, Ind.</u>  |  | 24a. REC'D BY REGISTRAR<br><u>JAN 27 '60</u><br>DATE  |   |
|  |  |  |  | 24b. REGISTRAR'S SIGNATURE<br><u>Arthur L. Hume</u>  |  |   |   |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

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FOR STATE  
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01127

1128

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Queen Anne's</u> MARYLAND   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>                              |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>nr. Chestertown</u>   |                               | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X RFD Church Hill Md.</u>  |   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  |                               | d. STREET ADDRESS  |   |
| 3. NAME OF DECEASED (Type or print) <u>Winifred Emma Liles</u>  |                               | 4. DATE OF DEATH <u>Jan. 23 1960</u>   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                     | 8. DATE OF BIRTH <u>Dec. 12, 1915</u>           |
| 9. AGE (In years last birthday) <u>44</u> yrs.  |                               | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>  |   |
| 11. BIRTHPLACE (State or foreign country) <u>Maryland</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13. FATHER'S NAME <u>Fred W. Norris</u>   |                               | 14. MOTHER'S MAIDEN NAME <u>Mabel Turner</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                               | 16. SOCIAL SECURITY NO. <u>none</u>  |   |
| 17. INFORMANT <u>Mrs. Fred W. Norris</u>  |                               | Address <u>Church Hill, Md</u>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Compound fracture of skull with br. damage</u><br><u>822X</u> DUE TO <u>crushing injury to chest</u><br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Auto accident</u><br>DUE TO (c) _____   |                               |  | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____   |                               |  |   |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>   |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>should have been thrown from car which rolled over 3 times after hitting</u> |   |
| 20c. TIME OF INJURY Month, Day, Year <u>2:50 p.m. Jan. 23, 1960</u>   |                               | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>   |                               | 20f. (City or town) (County) (State) <u>nr. Chestertown Q.A. Md</u>  |   |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> |                               |  |   |
| ACTUAL SIGNATURE <u>C. R. Layton</u>  |                               | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>   |   |
| EXAMINER'S NAME (Type) <u>C. R. Layton</u>  |                               | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>  |   |
|   |                               | DEPUTY MEDICAL EXAMINER <input type="checkbox"/>   |   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |                               | 22b. DATE THEREOF <u>JAN. 26</u>   |   |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Church Hill</u>   |                               | 22d. LOCATION (City, town, or county) (State) <u>Church Hill Md.</u>   |   |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>   |                               | 24a. REC'D BY REGISTRAR <u>Jan 27 '60</u>  |   |
| ADDRESS <u>Church Hill, Md</u>  |                               | 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u>  |   |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.



## 1129 CERTIFICATE OF DEATH

Reg. Dist. No. 01128

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>QUEEN ANNE'S MARYLAND</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MARYLAND</b> b. COUNTY <b>QUEEN ANNE'S</b>             |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>RURAL - CENTREVILLE</b>   |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>CENTREVILLE</b>  |  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION   |                                  | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JAMES</b> Middle <b>BARTY</b> Last <b>MIDDLETON</b>   |                                  | 4. DATE OF DEATH<br>Month <b>JANUARY</b> Day <b>12</b> Year <b>1960</b>   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>DEC. 10, 1905</b> |
| 9. AGE (In years last birthday)<br><b>54 yrs.</b>  |                                  | 10. IF UNDER 1 YEAR<br>Months <b>54</b> Days <b>54</b> Hours <b>54</b> Min. <b>54</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BULLDOZER OPERATOR</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>DAVID MIDDLETON</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>MARY VANSANT</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><b>NO</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>220-07-0024</b>   |  |
| 17. INFORMANT<br><b>MRS. PAULINE MIDDLETON</b>   |                                  | Address<br><b>Centreville, Md.</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Abdominal carcinomatosis with malnutrition</b><br>199.2<br>DUE TO<br>Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.<br>(b) <b>malnutrition</b><br>(c) <b>malnutrition</b> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>APPROX. 2 1/2 years</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                                  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |
| 20c. TIME OF INJURY Month, Day, Year<br>Hour o. m. p. m.<br><b>19</b>  |                                  | 20d. INJURY OCCURRED<br>While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   |                                  | 20f. (City or town) (County) (State)  |  |
| 21. I certify that I attended the deceased from <b>OCT. 30, 1959</b> , to <b>JAN. 12, 1960</b> , that I last saw the deceased alive on <b>JAN. 12, 1960</b> , and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.  |                                  |   |  |
| ACTUAL SIGNATURE<br><b>J. Kent Young</b>   |                                  | DATE SIGNED<br><b>105 Chesterfield Ave. Centreville, Md.</b>  |  |
| PHYSICIAN'S NAME (Type)<br><b>J. KENT YOUNG</b>  |                                  |   |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 22b. DATE THEREOF<br><b>Jan 14-1960</b>   |  |
| 22c. NAME OF CEMETERY OR CREMATORY<br><b>Chesterfield</b>  |                                  | 22d. LOCATION (City, town, or county) (State)<br><b>Centreville Maryland</b>  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. E. Barton</b>  |                                  | 24a. REC'D BY REGISTRAR<br>DATE <b>JAN 14 '60</b>   |  |
| 24b. REGISTRAR'S SIGNATURE<br><b>Arthur S. Hanna</b>   |                                  |   |  |

James H. [illegible]

James H. [illegible]

1130 CERTIFICATE OF DEATH

Reg. Dist. No.

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>o. COUNTY <u>QUEEN ANNE</u> MARYLAND  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>o. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE</u>            |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>STEVENSVILLE</u>   |   | c. LENGTH OF STAY IN 1b <u>40 years</u>  |   |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>—</u>  |   | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print) First <u>ROXANNA</u> Middle <u>PALMER</u> Last <u>PALMER</u>   |   | 4. DATE OF DEATH Month <u>JAN.</u> Day <u>28</u> Year <u>1960</u>  |   |
| 5. SEX <u>FEM.</u>   | 6. COLOR OR RACE <u>WHITE</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEB. 27-1868</u>  |
| 9. AGE (In years last birthday) <u>91</u> yrs.   |   | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>MARYLAND</u>  |   |
| 11. BIRTHPLACE (State or foreign country) <u>USA</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |
| 13. FATHER'S NAME <u>CARMINE</u>   |   | 14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>  |   | 16. SOCIAL SECURITY NO. <u>—</u>   |   |
| 17. INFORMANT <u>PAUL PALMER - STEVENSVILLE</u>  |   | Address <u>—</u>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac failure</u><br><u>420.0</u> DUE TO<br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Coronary atherosclerosis coronary</u><br>DUE TO (c) <u>atherosclerotic heart disease</u> |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>one week</u><br><u>several years</u><br><u>several years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>nodular colloid goitre (isthmus)</u>  |   |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>                 |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |   |
| 20c. TIME OF INJURY Month, Day, Year<br>Hour o. m. p. m. <u>19</u>   | 20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>th</u>   | 20f. (City or town) (County) (State) <u>th</u>  |
| 21. I certify that I attended the deceased from <u>Jan. 10</u> , 19 <u>40</u> , to <u>Jan. 28</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>January 27</u> , 19 <u>60</u> , and that death occurred at <u>6 A.</u> M., from the causes and on the date stated above.   |   |  |   |
| ACTUAL SIGNATURE <u>Theodor Sattelmaier</u> M.D.   |   | ADDRESS (Street, city or town, state) <u>Stevensville, Maryland</u>  |   |
| PHYSICIAN'S NAME (Type) <u>Theodor SATTELMAYER</u>   |   | DATE SIGNED <u>Jan 29, 1960</u>  |   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 22b. DATE THEREOF <u>1-30-60</u>  | 22c. NAME OF CEMETERY OR CREMATORY <u>Stevensville</u>   | 22d. LOCATION (City, town, or county) (State) <u>Stevensville Md.</u>                               |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar A. Lane</u>  |   | ADDRESS <u>Church Hill Md.</u>   |   |
| 24a. REC'D BY REGISTRAR <u>FEB 2 '60</u>   |   | 24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>  |   |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1131 CERTIFICATE OF DEATH

Reg. Dist. No.

01130

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>o. COUNTY <u>Queen Anne's</u> MARYLAND   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>o. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>          |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>Grasonville (Rural)</u>  |  |  |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>Grasonville (Rural)</u>   |  |  |  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  |  |  |  | d. STREET ADDRESS  |  | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>FANNIE JULIA Price</u>  |  |  |  | 4. DATE OF DEATH Month Day Year<br><u>January 19 1960</u>  |  |  |  |
| 5. SEX<br><u>female</u>   |  | 6. COLOR OR RACE<br><u>Col.</u>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>May 10 - 1916</u>   |  |
| 9. AGE (In years last birthday) yrs.<br><u>43</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Oyster Shucker</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Oyster Packer</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>North Carolina</u>                             |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |  |  | 13. FATHER'S NAME<br><u>?</u>  |  |  |  |
| 14. MOTHER'S MAIDEN NAME<br><u>Johnnie Davis</u>  |  |  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>no</u>                         |  |  |  |
| 16. SOCIAL SECURITY NO.<br><u>213-18-5362</u>   |  |  |  | 17. INFORMANT<br><u>Vergie P Fletcher</u> Address <u>Box 4 1B3 Cambridge Md</u>  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage (ruptured aneurysm)</u><br>442 X DUE TO<br>Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last. (b) <u>arteriosclerosis cerebral + general</u><br>DUE TO (c) <u>hypertensive cardio-renal disease</u> |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Jan. 19, 1960</u><br><u>several years</u>               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |  |  |  |  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year<br>Hour o. m. p. m. 19   |  | 20d. INJURY OCCURRED While <input type="checkbox"/> of work Not while <input type="checkbox"/> of work               |  | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   |  | 20f. (City or town) (County) (State)   |  |
| 21. I certify that I attended the deceased from <u>Dec. 29 1959</u> to <u>January 19 1960</u> , that I last saw the deceased alive on <u>January 19 1960</u> , and that death occurred at <u>2 PM</u> , from the causes and on the date stated above.   |  |  |  |  |  |  |  |
| ACTUAL SIGNATURE <u>Theodor Sattelmayer M.D.</u>  |  |  |  | ADDRESS (Street, city or town, state) <u>Stevensville, Md.</u> DATE SIGNED <u>Jan. 20, 1960</u>  |  |  |  |
| PHYSICIAN'S NAME (Type) <u>Theodor SATTELMAYER</u>  |  |  |  | STEVENSVILLE, MARYLAND   |  |  |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 22b. DATE THEREOF<br><u>Jan. 24 - 60</u>   |  | 22c. NAME OF CEMETERY OR CREMATORY<br><u>Chester</u>   |  | 22d. LOCATION (City, town, or county) (State)<br><u>Chester Maryland</u>                       |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><u>Wm. A. Burt, Jr. Burt Bldg. Centerville Md</u>   |  |  |  | 24a. REC'D BY REGISTRAR<br>DATE <u>JAN 25 '60</u>  |  | 24b. REGISTRAR'S SIGNATURE<br><u>Arthur S. Penn</u>  |  |

CERTIFICATE OF DEATH

|                  |  |                 |  |               |  |                  |  |               |  |                |  |               |  |                  |  |
|------------------|--|-----------------|--|---------------|--|------------------|--|---------------|--|----------------|--|---------------|--|------------------|--|
| NAME OF DECEASED |  | AGE             |  | SEX           |  | RACE             |  | DATE OF BIRTH |  | PLACE OF BIRTH |  | CITY OF BIRTH |  | COUNTRY OF BIRTH |  |
| JAMES H. HARRIS  |  | 65              |  | M             |  | W                |  | 1880          |  | BALTIMORE      |  | MD            |  | USA              |  |
| DATE OF DEATH    |  | PLACE OF DEATH  |  | CITY OF DEATH |  | COUNTRY OF DEATH |  | DATE OF DEATH |  | PLACE OF DEATH |  | CITY OF DEATH |  | COUNTRY OF DEATH |  |
| JAN 15 1945      |  | BALTIMORE       |  | MD            |  | USA              |  | JAN 15 1945   |  | BALTIMORE      |  | MD            |  | USA              |  |
| CAUSE OF DEATH   |  | MANNER OF DEATH |  | OCCUPATION    |  | EDUCATION        |  | RELIGION      |  | MARRIAGE       |  | SINGLE        |  | MARRIED          |  |
| HEART DISEASE    |  | NATURAL         |  | LABORER       |  | HIGH SCHOOL      |  | METHODIST     |  | MARRIED        |  | MARRIED       |  | MARRIED          |  |
| DATE OF DEATH    |  | PLACE OF DEATH  |  | CITY OF DEATH |  | COUNTRY OF DEATH |  | DATE OF DEATH |  | PLACE OF DEATH |  | CITY OF DEATH |  | COUNTRY OF DEATH |  |
| JAN 15 1945      |  | BALTIMORE       |  | MD            |  | USA              |  | JAN 15 1945   |  | BALTIMORE      |  | MD            |  | USA              |  |
| CAUSE OF DEATH   |  | MANNER OF DEATH |  | OCCUPATION    |  | EDUCATION        |  | RELIGION      |  | MARRIAGE       |  | SINGLE        |  | MARRIED          |  |
| HEART DISEASE    |  | NATURAL         |  | LABORER       |  | HIGH SCHOOL      |  | METHODIST     |  | MARRIED        |  | MARRIED       |  | MARRIED          |  |

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01131

Reg. Dist. No.

1132

FOR STATE  
HEALTH DEPT.

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Q. A.</u> <u>MARYLAND</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Maryland</u> b. COUNTY <u>Q. A.</u>                                   |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>near Church Hill</u>   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><u>Sudlersville</u>  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)<br><u>2 Mi. South Church Hill Off Rt. 213</u>  |  | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br><u>Dudley G. Roe 111</u>   |  | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>30</u> Year <u>1960</u>   |  |
| 5. SEX<br><u>M.</u>   | 6. COLOR OR RACE<br><u>W.</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                | 8. DATE OF BIRTH<br><u>Jan. 16 1932</u>  |
| 9. AGE (in years last birthday)<br><u>28</u> yrs.   |  | 10. IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Grain Dealer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Corn &amp; Feed</u>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Roanoke Va.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13. FATHER'S NAME<br><u>Dudley G. Roe Jr.</u>   |  | 14. MOTHER'S MAIDEN NAME<br><u>Elsie Moir</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>114-30-9200</u>  |  |
| 17. INFORMANT<br><u>Elsie E. Roe</u>  |  | Address <u>Sudlersville Md.</u>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br><div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>PART I. DEATH WAS CAUSED BY:<br/>IMMEDIATE CAUSE (a) <u>Multiple Extremes Injuries with</u><br/><u>866X</u><br/>DUE TO<br/>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>CRUSHING of chest and Fractures</u><br/>DUE TO (c) <u>of Skull</u></p> </div> <div style="width: 15%; text-align: center;"> <p>INTERVAL BETWEEN ONSET AND DEATH</p> </div> </div> |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>   |  |  |  |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OF CONTRIBUTING CAUSE OF DEATH.   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><u>NATIONAL GUARD (Army) Plane crashed in field</u>                        |  |
| 20c. TIME OF INJURY<br>Month, Day, Year<br><u>1/30 1960</u><br>Hour <u>1:30</u> p.m.  | 20d. INJURY OCCURRED<br>While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)<br><u>Field</u>   | 20f. (City or town) (County) (State)<br><u>2 miles S. of Church Hill Q.A. MO</u> |
| 21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>   |  |  |  |
| ACTUAL SIGNATURE<br><u>R. S. Fisher</u>   |  | M.D. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER <input type="checkbox"/><br>DEPUTY MEDICAL EXAMINER <input type="checkbox"/> |  |
| EXAMINER'S NAME (Type)<br><u>R. S. FISHER</u>   |  | DATE SIGNED<br><u>1/31/60</u>  |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 22b. DATE THEREOF<br><u>Feb. 2/60</u>  |  |
| 22c. NAME OF CEMETERY OR CREMATORY<br><u>Sudlersville Cemetery</u>  |  | 22d. LOCATION (City, town, or county) (State)<br><u>Sudlersville, Md.</u>  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><u>Marvin V. Williams</u>   |  | ADDRESS<br><u>Chestertown, Md.</u>   |  |
| 24a. REC'D BY REGISTRAR<br><u>DATE FEB 2 '60</u>  |  | 24b. REGISTRAR'S SIGNATURE<br><u>Arthur S. Kirsch</u>  |  |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

